

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Attorney Docket No.	8060/498
Application Number	10/783,387
Filing Date	June 4, 2004
First Named Inventor	Richard ZAGROBELNY
Group Art Unit	2881
Examiner	J. Smith

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment / Response to Restriction/Election Req.	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings:	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/>
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Applicant claims small entity status.	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

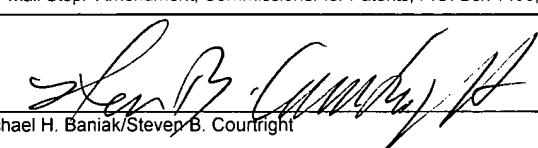
CALCULATION OF FEE

Claims After Amendment					Small Entity		Large Entity	
Total	Minus	Highest No. Previously Paid For	Present Extra		Rate	Add'l Fee	Rate	Add'l Fee
Total	Minus		0		x \$9=	0	x \$18=	
Indep.	Minus		0		x \$42=	0	x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	---	+\$280=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicant(s) Steven B. Courtright, Reg. No. 40,966 Agent for Applicant(s) BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606		
Signature			Date: June 9, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop: Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on: June 9, 2005		
Signature		Date: June 9, 2005
Michael H. Baniak/Steven B. Courtright		

IPW



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 9, 2005.

Michael H. Baniak / Steven B. Courtright

Name of Applicant(s), Assignee, or Registered Representative

A handwritten signature in black ink.

Signature

June 9, 2005

Date of Signature

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.	:	10/783,387
Applicant(s)	:	Richard Zagrobelny
Filed	:	June 4, 2004
TC/A.U.	:	2881
Examiner	:	J. Smith
Docket No.	:	8060/498
Title	:	ULTRAVIOLET STERILIZATION DEVICE

Confirmation No. 6410

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is responsive to the Examiner's Action dated March 10, 2005. Please reconsider the rejection of the claims in view of this Amendment and the following Remarks.